

# UTAH COMMISSION ON AGING

Executive Summary	I
Statutory Duties	3
Avoiding an Aging Tsunami	4
Conclusions and Assumptions	5
Demographic Trends	6
Utah 2030	10
Special Committees and Work Groups	11
Financial Security	12
Healthy Aging	14
Healthcare	17
Community-Based Care	21
Education	22
Quality of Life in Long-Term Care Facilities	23
Mental Health	24
End-of-Life and Healthcare Decisionmaking	25
Economic Development	26
Workforce	27
Volunteer Structure	28
Conclusion	29
Commission Members	30
2006-2007 Time Line	31
Volunteer Structure Diagram	32

## Aging in Utah: Avoid Crisis Maximize Opportunity

## Annual Report 2005-2006

## Executive Summary

Four issues must be addressed across the life-span if the State is to avoid crisis as its aging population grows:

**Financial security:** If Utahns do not save sufficient funds for retirement, the burden on state government will increase. Similarly, if the state does not have adequate protection against fraud and financial exploitation, the results will be the same: individuals who have lost their assets will be at increased risk of being forced to rely on the state for services and support. The Commission on Aging is working to improve savings for retirement and to put systems in place that will discourage fraud and financial exploitation.

**Healthy aging:** Some experts fear that the obesity epidemic will increase the period of incapacity that individuals will face as they age. The Commission on Aging is considering ways to help the private and public sectors to encourage healthy eating and exercising to assure that individuals can remain as healthy and independent as possible as they age.

**Quality information and referral:** Services are available in the private and public sectors to help those who become increasingly frail as they age, but often, aging individuals and their caregivers do not know how to access those services. The Commission on Aging is working with existing entities to assure that individuals can find the services that they need.

**Healthcare:** The problems that plague the healthcare services for all Utahns — lack of coordination of care and insufficient time with primary care providers, for example — can have devastating consequences for individuals as they age. The Commission on Aging is working with other organizations to pilot models that can serve as the basis for policy recommendations intended to improve healthcare outcomes and control healthcare costs.

(Continued...)

**The  
Commission on  
Aging has  
directed its  
efforts toward  
activities that  
will result in  
measurable  
change.**

**Utah  
Commission  
On Aging**

## Executive Summary (Continued)

### Highlights of Demographic Trends:

- Between 2005 and 2030, Utah is projected to be 6th in the nation in total population growth.
- Utah's **dependency ratio** will climb from 65.5 in 2005 to 88.1 by 2050. That is, in 2050 it is projected that there will be 88.1 individuals age 0-18 and 65+ for every 100 working persons.
- In 2006, Utah's 65+ population is projected to grow by 4,167. That number will trend upward through 2020, when it peaks at 13,186.
- Utah's 85+ population will grow from 28,340 in 2006 to 59,470, in 2030, an increase of 110%, compared with an increase of 80% nationally.

### Other Relevant Facts:

- The savings rate in the U.S. has dropped below zero.
- Of those who are **very confident** that they will have enough to retire comfortably:
  - 22% are not saving for retirement
  - 39% have less than \$50,000 in savings
- 64.5% of Utahns age 55+ are obese or overweight.
- The number of Americans who will suffer functional disability due to arthritis, stroke, diabetes, coronary artery disease, cancer, or cognitive impairment is expected to increase at least 300 percent by 2049.
- 78% of geriatric physician practices in Utah report that they are full or nearly full.

### The Commission on Aging:

- Appointed August 2005
- Special Committees and Work Groups formed; nearly 150 individuals volunteering
- Facilitating Utah 2030: State Government Prepares for an Aging Utah
- Addressing the range of issues highlighted in this report

## Statutory Duties:

### Utah Code §63-99-103 and §63-99-103

#### *Education / Coordination of Services / Public Meetings*

1. **Increase public and government understanding** of the current and future needs of the state's aging population and how those needs may be most effectively and efficiently met;
2. **Facilitate coordination of the functions** of public and private entities concerned with the aging population;
3. **Provide a forum for public comment** on issues related to aging;
4. **Provide public information** on the aging population and the services available to the aging population; and
5. **Facilitate the provision of services** to the aging population from the public and private sectors.

#### *Research*

1. **Study, evaluate, and report on the projected impact** that the state's increasing aging population will have on: government services; health services; social services; the economy; and society in general;
2. **Study, evaluate, and report on the status and effectiveness of policies, procedures, and programs** that provide services to the aging population;
3. **Study and evaluate the policies, procedures, and programs implemented by other states** that address the needs of the aging population;
4. **Facilitate and conduct the research and study** of issues related to aging; and
5. **Request and receive** from any state or local governmental agency or institution, summary information relating to the aging population, including reports, audits, projections, and statistics.

#### *Policy / Legislative*

1. **Identify and recommend implementation of specific policies, procedures, and programs** to respond to the needs and impact of the aging population relating to: government services; health services; social services; the economy; and society in general; and
2. **Encourage state and local governments** to analyze, plan, and prepare for the impacts of the aging population on services and operations.

## Avoiding an Aging Tsunami

If Utah takes action now in four areas, the increase in the aging population will not be a crisis; instead, Utah could thrive in the face of the coming demographic change. The four areas are:

1. Individual responsibility for the cost of retirement and long-term care;
2. Healthy behaviors, including healthy eating and exercise;
3. A healthcare system with the ability to effectively manage individuals with multiple chronic conditions; and
4. Information and Referral that provides information to aging individuals and their caregivers about services that will help them remain independent and thriving.

To address these four areas, the state can consider ways to effectively:

- Encourage personal responsibility;
- Develop systems that encourage the right choices;
- Develop communities that help the aging population to thrive;
- Develop systems that allow aging individuals and their caregivers to help themselves; and
- Improve the healthcare system

**Utah can avoid an aging tsunami if it starts to act now.**

## Commission's Initial Conclusions

- “Aging Issues” include the need for housing, food, healthcare, safety, clean air, social interaction, financial stability, spiritual community....In other words, aging is life.
- Most aging individuals never resort to government-funded programs for seniors, such as Meals on Wheels or Aging Medicaid.
- The aging baby boom generation will bring opportunities to the state: most are financially secure and therefore contribute to both the tax base and to the economy.
- An aging population is a positive anchor: aging individuals know what is happening in their neighborhoods, they volunteer, and they are stable and contributing members of the community.
- Those in the aging population who rely on government programs are typically the most frail and vulnerable individuals in our community who suffer from conditions that cause an extended period of disability.
- Along with the State of Utah, the private sector will play an important role in assuring that Utah benefits from its aging population by:
  1. Encouraging employees to plan and save for retirement
  2. Encouraging healthy eating and exercise
  3. Promoting opportunities to keep aging individuals in the work force

## Baseline Assumptions

- Utahns value community, family, and independence.
- Utah's aging population will create both opportunities and challenges.
- Public sector safety nets are necessary to support the most vulnerable of the aging Utahns.
- The private sector must play a role in assuring that Utah benefits from its aging population.
- Preventive measures can reduce the financial impact that the increase in the aging population will impose on the State.
- The State must continually strive to assure that every public dollar spent on aging individuals provides the maximum benefit to the recipient at the most reasonable cost to the State.

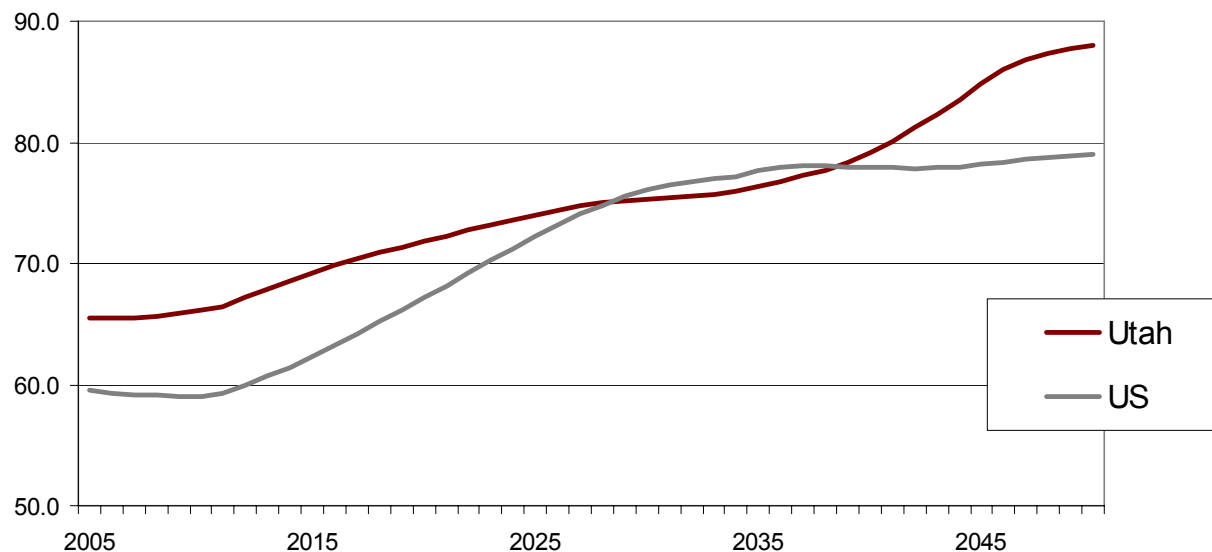
**AGING  
equals  
LIFE**

**Utah  
Commission  
On Aging**

## Overview of Utah's Demographic Trends

- Utah has the 3rd highest life expectancy in the nation.
- Between 2005 and 2030, Utah is projected to be 6th in the nation in total population growth.
- Utah has the youngest population in the nation, with a median age of 28.7, compared to 36.4 nationally.
- Utah's school age is projected to increase by 138% between 2005 and 2030.
- Utah's **dependency ratio** will climb from 65.5 in 2005 to 88.1 by 2050, that is, in 2050 it is projected that there will be 88.1 individuals age 0-18 and 65+ for every 100 working persons.
- Utah's dependency ratio will remain higher than the national dependency ratio for most of the next 45 years. See Figure 1, below.

Utah and United States Dependency Ratios  
Figure 1

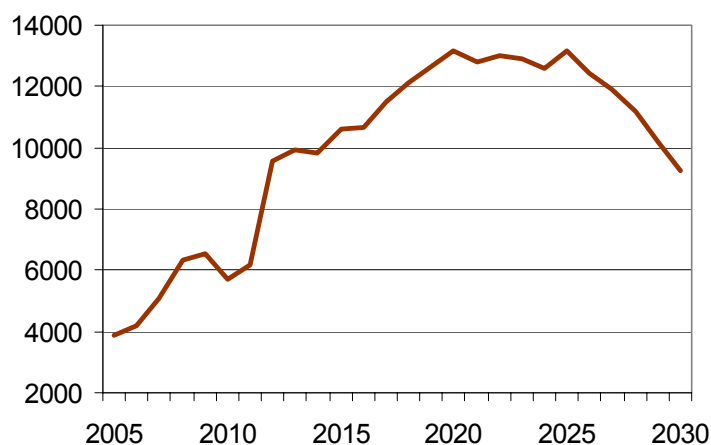


While the rest of the country faces an older population, Utah faces two population bubbles: one among the young, the other among the aging.

## Utah's Growing 65+ Population

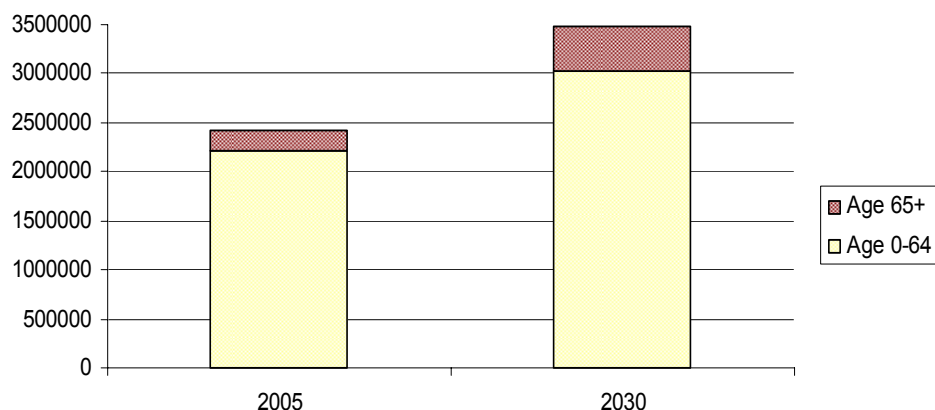
- In 2006, Utah's 65+ population is projected to grow by 4,167. That number will trend upward through 2020, when it peaks at 13,186. See Figure 2, below.
- Utah's 65+ population will grow by 118% between 2000 and 2030, from 211,142 in 2006 to 460,553 in 2030.
- As a proportion of Utah's total population, Utah's 65+ population will increase from 8.6% in 2006 to 13.2% in 2030. See Figure 3, below.

**Increase in Utah's 65+ Population (2005-2030)**  
**Figure 2**



Source: U.S. Census

**Utah Population 2005-2030**  
**Figure 3**



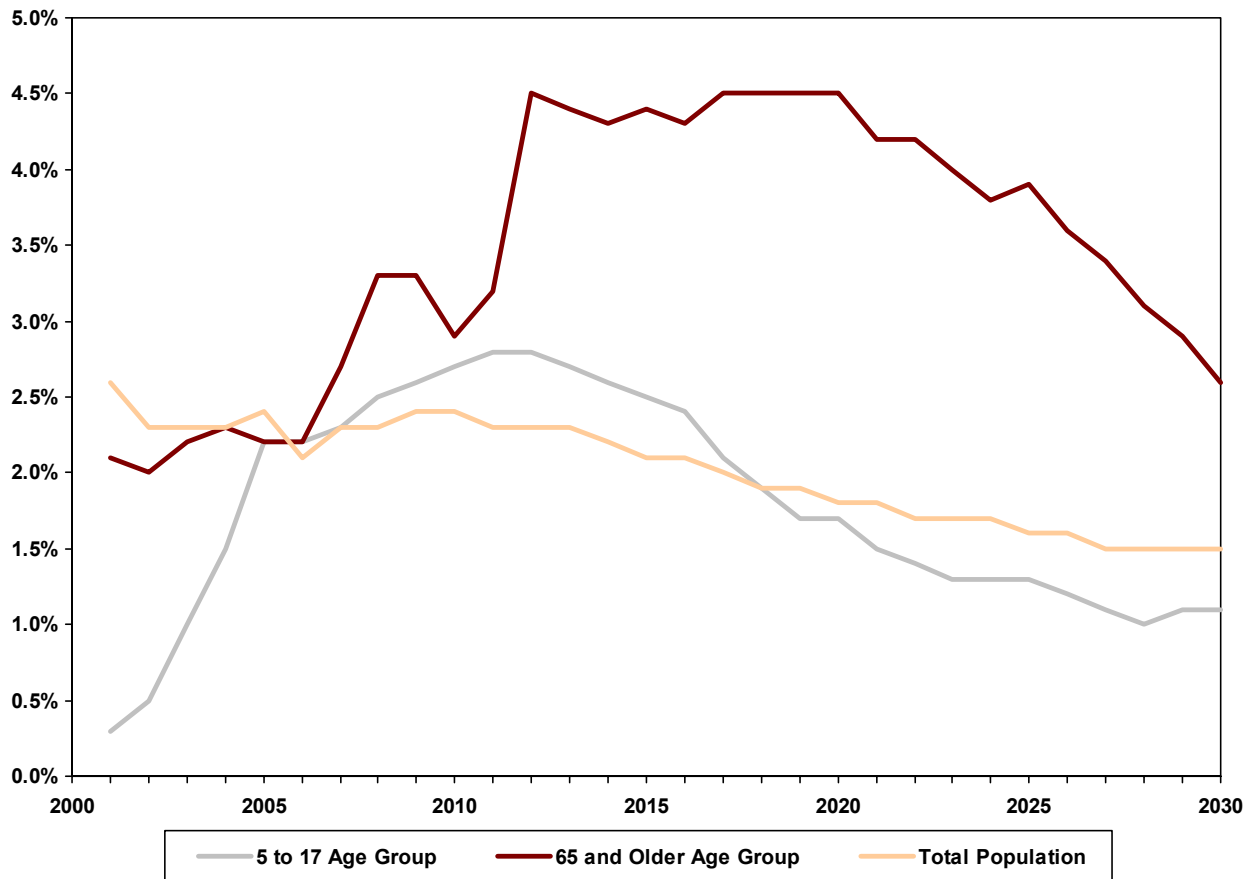
Source: U.S. Census

**Utah must work hard to minimize the burden and maximize the benefits of the growing aging population.**

**Utah's Demographics**



**Growth Rates in Utah**  
**Figure 4**



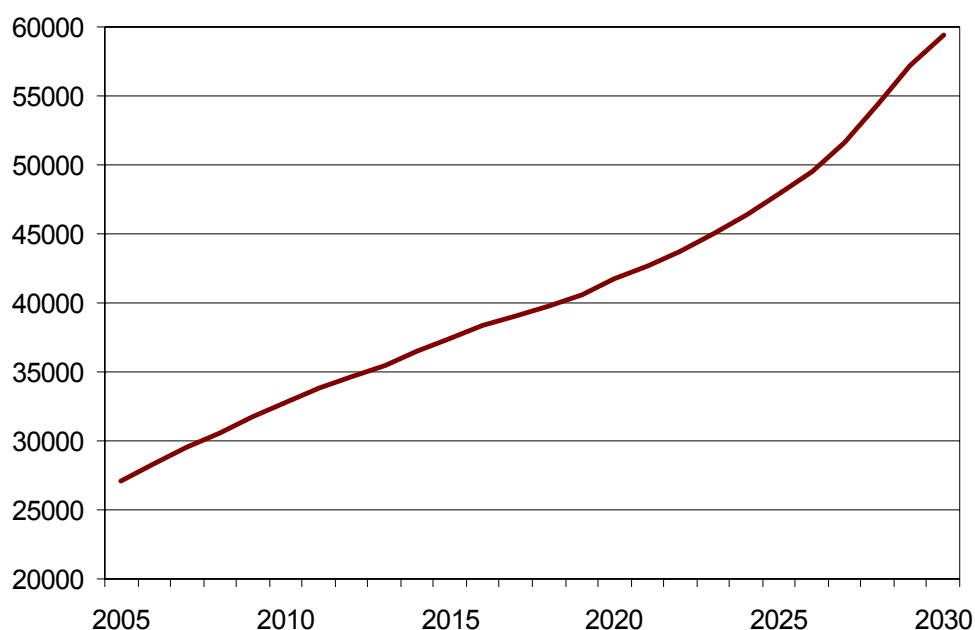
Source: 2005 Baseline Projections, GOPB.

**The growth in Utah's aging population will outpace the growth in Utah's school-age population.**

## Utah's 85+ Population

- The 85+ population is considered to be more fragile than younger members of the aging population. Consequently, a growing 85+ population may result in increasing demand for government services for the aging.
- Utah's 85+ population will grow from 28,340 in 2006 to 59,470, in 2030, an increase of 110%, compared with an increase of 80% nationally. See Figure 3.

**Growth in 85+ Population**  
**Figure 5**



**Utah's growing 85+ population faces significant risk from dementia, increasing burden from chronic disease, and increasing frailty.**

- Between 2006 and 2030, the growth in the 85+ population will be second only to the growth in the 70-75 population in Utah.
- A 2005 Utah Department of Health study showed that 49.4% of those over age 85 suffer from two or more chronic diseases.
- A study published in the New England Journal of Medicine found that 23.9% of individuals age 85 and older suffered from dementia.

**Utah's  
Demographics**

## Utah 2030: State Government Prepares for an Aging Utah

*Utah 2030 is a process supported by Governor Huntsman and facilitated by the Commission on Aging through which every department in Utah state government will assess and plan for the impact on the department of the coming demographic changes. Prior to Utah 2030, most departments were not systematically considering how demographic change will affect their management, policies, and service delivery. Nor was there a process in place through which the departments could put in place plans for addressing the coming changes.*

- At Governor Huntsman's request, all departments in state government have designated a liaison to participate in Utah 2030.
- Departmental liaisons received information about the coming demographic changes and about how these changes will affect their operations, policies, and service delivery at a kick-off meeting held in July 2006.
- Each department is currently conducting an internal scan to determine how it will be affected by the aging population and considering whether its current operations, policies, and procedures are already successfully addressing the coming changes.
- Each department will prioritize the issues that the aging boom will raise.
- Each department will develop a two-year plan to begin to address the coming demographic changes that is realistic and achievable.
- Report on State Agencies' Readiness for Demographic Change will be presented to Governor Huntsman and the Utah Legislature during the 2007 session.
- The Commission is developing a plan to assure that another entity assures follow up after the Commission ends in June 2007.
- By involving high-level department designees, this process will result in recommendations and a plan that reflects the unique characteristics, challenges, strengths and reality of each department.

**Utah 2030 is a process that will help state government agencies prepare for the aging boom by seeking ways to maximize the benefits and minimize the burdens of Utah's aging population**

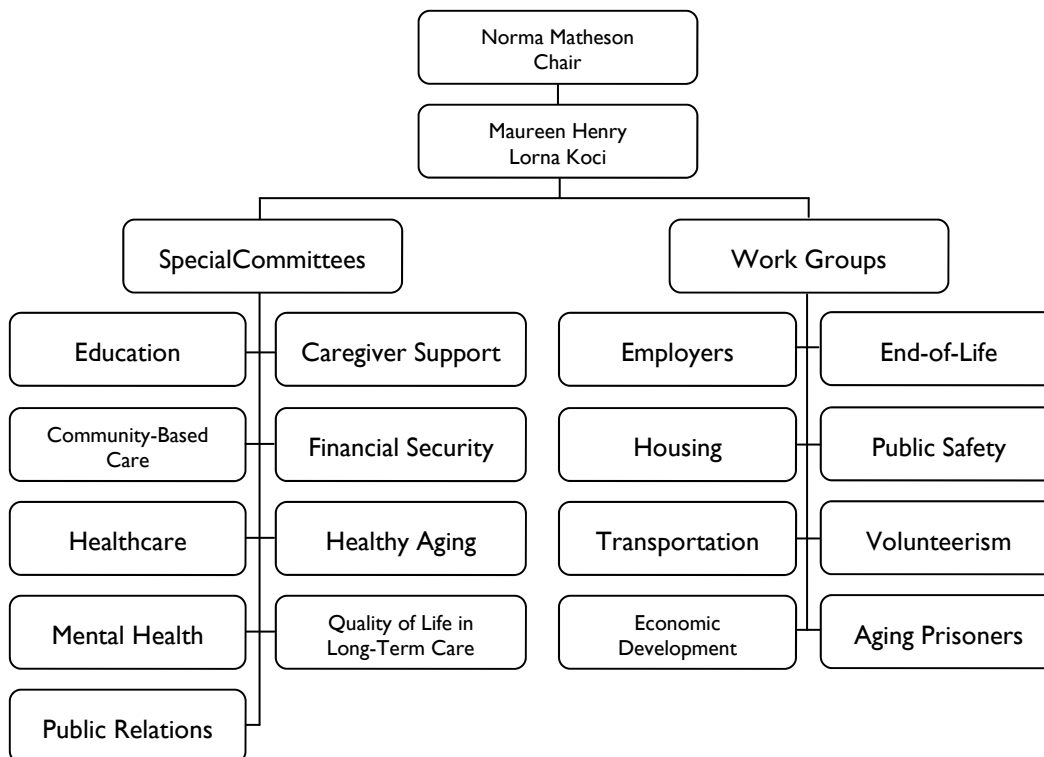
## Utah Commission on Aging Special Committees: Addressing Current Gaps through Short-Term Projects With Long-Term Impact

The Commission has recruited approximately 150 individuals, including physicians, policy experts, entrepreneurs, nurses, human resource directors, statisticians, professors, attorneys, community leaders, marketing professionals, and others to staff its Special Committees and Work Groups. These individuals have contributed time, expertise, and resources.

While we have worked to assure that relevant state government agencies are represented, the majority of the individuals carrying out the Commission's efforts represent the for-profit and non-profit public sector and educational institutions, not state government. All chairs of special committees and work groups are from the private sector or university community.

- Special Committees and Work Groups were asked to help to achieve the Commission's statutory duties by identifying gaps in the current system.
- After identifying gaps, participants were asked to design interventions that would leave Utah more ready for the aging boom at the end of the Commission's two-year term than it was when the Commission was convened.
- Participants were asked to consider opportunities to undertake projects with concrete outcomes that can serve as models in the future and can move the state to a point of readiness to accommodate the aging boom.

**The Commission's success is the result of the combined expertise, time, energy, and commitment of the individuals and organizations who have contributed to our efforts**



## Financial Security Equals Choice

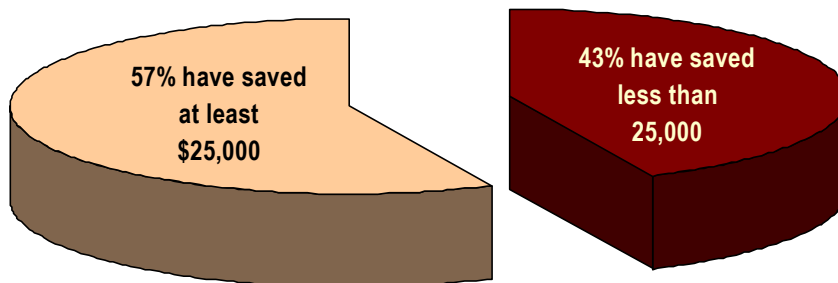
We have become a nation of spenders. We save for a down payment, but not for the cost of a car, house or other significant purchases. But as we age, we lose the ability to borrow for our future.

Financial security means that a person or family can afford basic needs such as food, clothing, and shelter. It also means cash reserves, contingency funds, and retirement savings.

As we age, financial security means choice. Choice in where to live, how to live, which healthcare providers to hire, where to vacation, et cetera.

If more individuals and families take the steps necessary to assure that they save for retirement, the burden on the State budget will decrease.

**Savings of Individuals Age 55+**  
**Figure 6**



## The Facts

- The savings rate in the U.S. has dropped below zero.
- Of those who are **very confident** that they will have enough to retire comfortably:
  - 22% are not saving for retirement
  - 39% have less than \$50,000 in savings
- In a 2005 poll of Utahns over age 55, 38% of respondents claimed to have long-term care insurance. A 2004 report found that fewer than 5% of Utahns over age 50 have long-term care insurance. 33% of those polled think they have protection that they lack.
- An AARP survey found that single baby boomer women had lower net worth in 2002 than their counterparts from the previous generation in 1983.

## Financial Security Special Committee Objectives

- Encourage individuals to plan for the costs of aging and care
- Prevent loss of accrued assets
- Encourage prosecution of those who commit fraud and financial exploitation of aging individuals
- Provide alternatives that allow individuals to transfer assets after death that do not expose aging persons to exploitation

## Interventions

### *Guide to Financial Security in Utah*

- Draft complete and in final revisions
- Pilots to be completed in Fall 2006 to assure effectiveness
- Printing and distribution through June 2007
- Distribution through United Way's Utah Saves program

### *NASD Grant*

- Worked with United Way, Utah State University, and the Utah Division of Securities to prepare grant application to educate aging individuals on how to invest in securities

### *Financial Exploitation and Elder Abuse Training for Law Enforcement Officers*

- Commission on Aging applied for and was awarded grant from the AARP National Legal Training Program to provide a full day training on financial exploitation and elder abuse to Utah law enforcement officers
- 60 individuals registered
- Training on September 12, 2007

## Initial Policy Recommendations

- Allow individuals to transfer title to real property through a Transfer on Death Deed
- Allow court to award attorneys' fees to prevailing plaintiff in civil elder abuse cases
- Increase the small estate exemption amount

## Healthy Aging

Improvements in healthcare have decreased the rates of chronic disease and disability in the aging population in past decades. Now, however, we are facing an obesity epidemic that could reverse those advances and result in a decline in life expectancy and an increase in the rates of chronic disease and disability in the baby boom generation.

It is chronic diseases—diabetes, heart disease, stroke, hypertension, asthma, arthritis, cognitive decline, and others—that account for more than half of the healthcare dollars spent in this country.

If Utah reverses the obesity trend and encourages a healthy diet and regular exercise, it can lessen the burden of increasing healthcare costs and the projected increases in costs to the State expected to correspond with the increase in the aging population.

On a personal level, health equals freedom for those who are aging. Those who are unable to manage the simple everyday tasks of life will have limited independence. Eating well and exercising help to maintain independence.

## Healthy Aging Facts

- A study suggests that increasing participation in regular moderate physical activity among the more than 88 million inactive Americans over the age of 15 might reduce annual national medical costs by as much as \$76.6 billion in 2000 dollars.
- According to the Utah Department of Health, more than half of Utahns are obese or overweight.
- A Utah Department of Health study showed that fewer than half of those over age 55 get regular physical activity; more than 30% of women and 21% of men in the same group reported no physical activity.
- The same Department of Health study showed that less than 1/3 of women and less than 1/5 of men over age 55 eat 5 or more servings of fruits and vegetables each day.
- Those who exercise and eat well are less likely to suffer from chronic disease that may lead to longer periods of disability later in life.

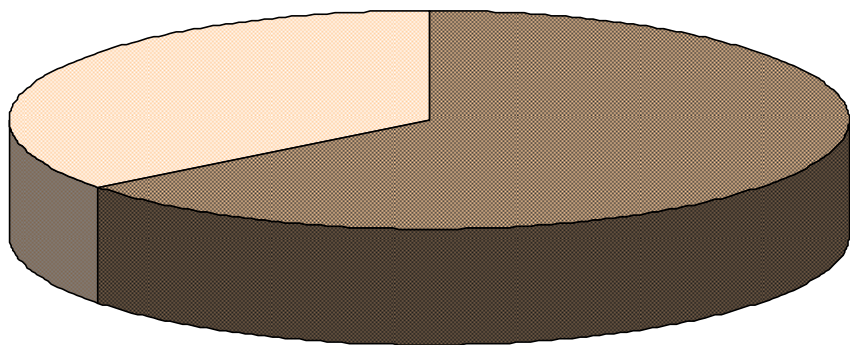
**Studies indicate that in 2002 alone, obesity directly contributed to \$117 billion in health care costs. Obese and overweight employees claim up to \$1,500 more in health care costs each year and incur 77 percent higher prescription drug costs than those with a healthy body weight. The obesity epidemic is associated with 39 million lost workdays and 63 million additional medical visits each year.**

Labor-HHS Subcommittee Hearing on Preventing Chronic Disease Through Healthy Lifestyles: Testimony of Jack Rule, CEO, Incenta-HEALTH July 15, 2004.

## The Obesity Epidemic

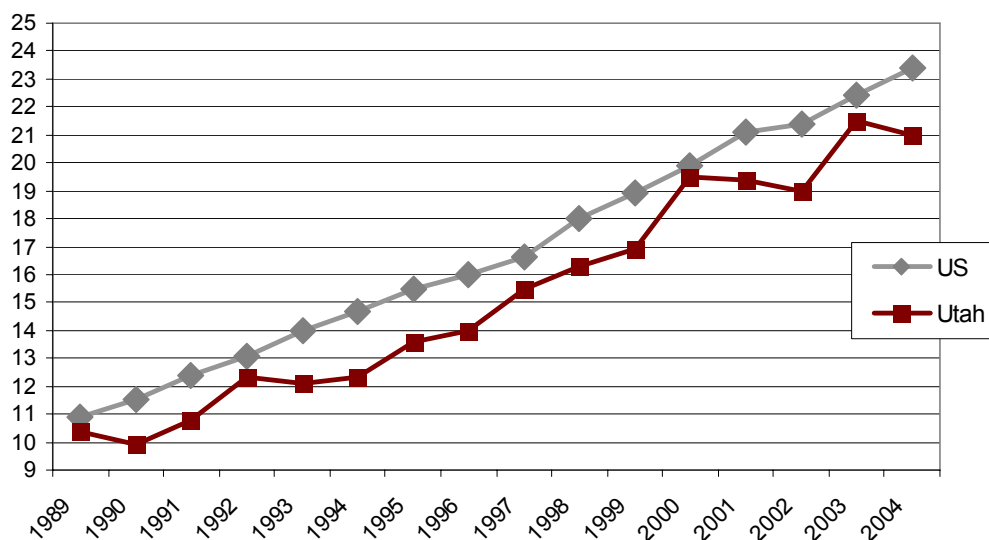
- 64.5% of Utahns age 55+ are obese or overweight. See Figure 8.
- While Utah fares slightly better than the U.S., the increase in obesity is alarming, even in Utah. See Figure 9.

**Percent of Utahns Who Are Overweight or Obese**  
**Figure 7**



64.5% Overweight  
or Obese

**Percentage of Adults Who Are Obese: Utah & US**  
**Figure 8**





## Healthy Aging Special Committee Objectives

- To improve the chances of healthy aging by increasing physical activity and healthy eating among all Utahns
- To assure that traditionally underserved populations are reached by programs

## Barriers

- Lack of funding for programs
- Lack of motivation in individuals
- Society, community design, and workplace that make it hard to adopt healthy behaviors
- Stigma of aging

## Interventions

- Provided letters of support to UDOH and DPS on funding requests for improving bicycle safety and creating community gardens, both of which were awarded
- Committee recruited and AARP is hiring an intern to study whether Utah laws or policy discourage or fail to encourage healthy behaviors
- Provided letter of support for AOA grant for health promotion and chronic disease management for aging individuals

## Initial Recommendations

- Encourage all State of Utah Departments and private employers to adopt the Governor Huntsman's Workwell Recommendations
- Adopt recommendations in the recent report from the Utah Department of Health, Bureau of Health Promotion, "Tipping the Scales Toward a Healthier Population: The Utah Blueprint to Promote Healthy Weight for Children, Youth, and Adults"

## Healthcare

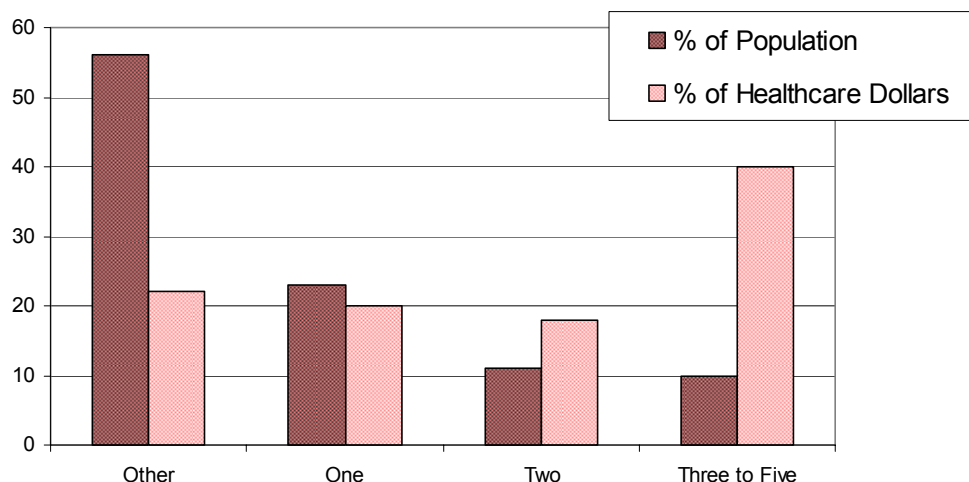
The healthcare system presents even more challenges to aging individuals than to those who are younger. Forty-nine percent of Utah's 85+ population suffer from two or more chronic conditions, such as high blood pressure, arthritis, diabetes, and other potentially life-threatening diseases. Those suffering from multiple chronic diseases use a disproportionate amount of healthcare resources nationwide, but even with these expenditures, there is widespread agreement that our healthcare system is not very good at effectively managing these conditions.

The physicians who are best at managing chronic disease in aging individuals are primary care physicians such as internal medicine physicians or geriatricians, but Utah's supply of both categories is declining.

### The Facts

- The number of Americans who will suffer functional disability due to arthritis, stroke, diabetes, coronary artery disease, cancer, or cognitive impairment is expected to increase at least 300 percent by 2049.
- In one national study, 23 percent of Americans had one chronic condition, accounting for an estimated 20 percent of health care costs, 11 percent had two chronic conditions, accounting for 18 percent of health care costs, and, while only 10 percent had from three to five chronic conditions, these individuals accounted for about 40 percent of health care costs. See Figure 9.
- One expert predicts that the aging population alone will cause healthcare costs to increase by 25% between 2000 and 2030. (Dr. James Marks, CDC.)

**Multiple Chronic Disease Frequency and Healthcare Dollars Spent**  
**Figure 9**



**“If we are concerned about the rising costs of health care, we will have to learn how to better deal with chronic diseases.”**

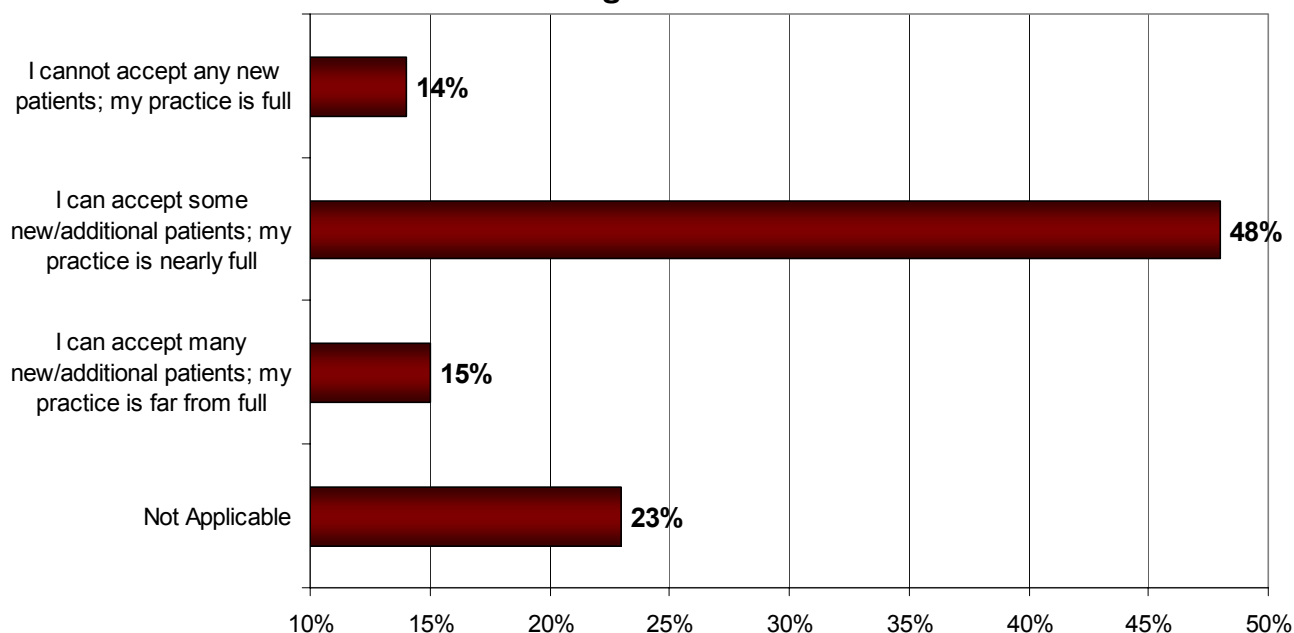
*Dr. James S. Marks  
Director of CDC's National  
Center for Chronic Disease  
Prevention and Health  
Promotion*

Healthcare

## Physician Supply

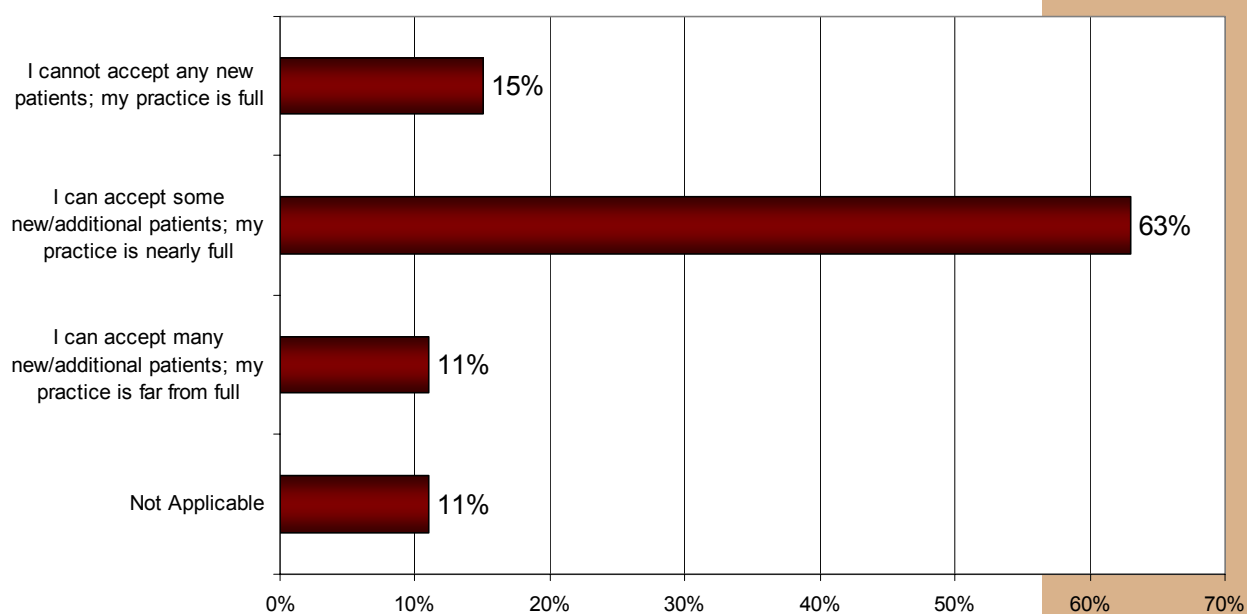
- Utah has 15.2 general internists per 100,000 population compared to national average of 25.6 per 100,000 population.
- 62% of Utah's internal medicine physicians report that their practices are full or nearly full. See Figure 10.
- Utah has 1.38 geriatricians per 10,000 residents, compared with 2.07 per 10,000 residents nationally.
- 78% of geriatric physician practices report that they are full or nearly full. See Figure 11.
- There is not one board-certified geriatrician serving rural Utah or Washington County.

**Internal Medicine Physician Practices in Utah**  
**Figure 10**



Source: Utah Medical Education Council

**Geriatrician Practices in Utah**  
**Figure 10**



Source: Utah Medical Education Council

## Healthcare Special Committee Objectives

- Aging individuals receive care that is appropriate for and sensitive to the needs of geriatric patients, many of whom suffer from multiple chronic diseases
- Care is appropriately coordinated among multiple specialists
- Information and referral is available to physician offices for their geriatric patients

## Interventions

### *Care Management Plus*

- IHC, HealthInsight, and the University of Utah College of Nursing and Center on Aging worked together to develop a “Care Management Plus” pilot designed to improve health outcomes and decrease costs of caring for patients with multiple chronic conditions
- Five primary care physician clinics (including one in Washington County and one in Millard County) were recruited to hire or reassign an individual to be trained to function as a nurse case manager
- Using an evidence-based model developed by IHC under a grant from the Hartford foundation, the group developed training materials for a two-day introduction followed by a web-based curriculum that can be modified and replicated
- Phase I training began the first week in September and will continue through the end of 2006
- Phase II training will be expanded and is expected to begin early in 2007 and is expected to be open to additional types of organizations, such as Medicaid case managers, tribal health clinics, and Area Agencies on Aging

### *211 Information and Referral*

- Although the Community-Based Care Committee has taken responsibility for information and referral, a very effective system is necessary for the healthcare system to respond effectively to aging patients and their caregivers. See page 22.

## Initial Policy Recommendations

- Consider incentives that would encourage quality care management for those who suffer multiple chronic conditions
- Consider ways to improve the supply of primary care physicians, geriatricians, nurses, social workers, and others who provide healthcare services to the aging population

## Community-Based Care Special Committee

### Objectives

- Assure that individuals can access services needed to stay in private homes or unregulated senior housing as long as possible
- Support informal caregivers who provide the majority of community-based care
- The objective is **not** to keep individuals in private homes without regard for safety and health; it is, rather, to have a system that allows individuals to get the right care in the right setting at the right time

### Barriers

- Inability to find or access services that are available
- Lack of coordination of services among providers and across types of providers, such as public, private for-profit, and private non-profit organizations
- Funding driven objectives of various organizations
- Inability to articulate the problem/need
- Lack of government/non-profit/for-profit links

### Intervention

- Collaborate with 211 - Information and Referral and Utah Cares to determine whether it can house and support a one-stop resource center on aging information containing listings to licensed providers serving the aging population

### Policy Objective

Identify ways for Utah to narrow the gap between the reality of the current Medicaid long-term care system (which has been driven in part by federal laws, regulations, and policies to favor facility-based nursing care) to be more closely aligned with a system that:

- Promotes and supports contributions of care and support from family and community;
- Allows individuals to choose among the appropriate settings in which they wish to live and receive care, subject to principals of cost-neutrality; and
- Assures that all government dollars spent on Medicaid beneficiaries are spent on cost-effective care, including:
  - Tailors services to the needs of the beneficiary and
  - Assures a variety of programs for different needs of different populations.

## Education Special Committee

### Objectives

- To assure an adequate supply of professionals and paraprofessionals in the field of aging by allowing those interested in serving the aging population to find educational opportunities in the field
- To assure that aging individuals who wish to stay active and engaged in educational opportunities and who wish to find job retraining opportunities can find those opportunities in their communities

### Barriers

- No resource exists that identifies services, programs, and organizations in the state providing educational opportunities to aging individuals or to those wanting information about where to find training for careers in aging

### Intervention

Aging Smart: a county-by-county listing of educational opportunities.

- This resource provides aging individuals and those who wish to serve the aging population a statewide, county-by-county, comprehensive list of educational opportunities, including non-profit and for-profit providers
- A master's student in Gerontology compiled the information and designed the web site as her master's project
- The Center on Aging at the University of Utah has provided server space to host the web site and the Gerontology Interdisciplinary Program at the University of Utah is committed to maintaining and updating the web site
- The Education Special Committee is seeking funding to publish hard copies of Aging Smart
- Web site is found at <http://aging.utah.edu/agingsmart/index.html>

### Policy

- Considering whether changes to Utah law or policies could encourage more educational opportunities for those who wish to serve the aging population and for those in the aging population wanting educational opportunities.

## Quality of Life in Long-Term Care Facilities

### **Objectives**

- To make long-term care facilities **homes**, not home-like, for those who live in facilities
- Increase quality of care for those who reside in long-term care facilities

### **Barriers**

- High turnover among staff impacts quality of life among residents of long-term care facilities
- Old building stock makes change expensive
- Static and moderate occupancy rates
- Ingrained and embedded culture that resists change

### **Intervention**

- Work with HealthInsight and the Utah Health Care Association to follow and encourage culture change programs
- Work with the Utah Health Care Association and NAGNA to encourage participation in CNA professionalism
- Collaborate with Pinnacle Consulting to evaluate effectiveness of CNA interventions

### **Policy**

- Consider proposal for “bed buyback” from the state to improve occupancy rates
- Consider policies that would promote culture change to improve the quality of life of long-term care residents
- Consider recommendations concerning decisionmaking for incapacitated adults who reside in long-term care facilities and who lack designated or default surrogate decisionmakers



## **Mental Health**

### **Objectives**

- To improve mental health care for aging Utahns, and to assure that laws and policies are consistent and appropriate

### **Barriers**

- Money (inadequate reimbursement, personal financial issues)
- Understanding of the mental health system and options
- Lack of formally trained geriatric providers
- Laws that are inconsistent and incomplete

### **Interventions**

- Diagram the formal and informal mental health systems
- Determine where the mentally ill elderly go

### **Policy**

- Determine how much the state pays for care for uninsured/underinsured mentally ill
- Determine the best way to conduct a comprehensive review/revision of the mental health, guardianship, and proxy decisionmaking codes, and consider whether Commission should request a Governor's Task Force to conduct this review
- Consider development of a patient-centered model for the delivery of mental health services to the aging population in Utah

## End-of-Life and Healthcare Decisionmaking

### **Objectives**

- To promote thoughtful advance healthcare planning and to increase the likelihood that individuals' end-of-life care wishes will be followed
- To avoid the use of costly and unwanted medical intervention at the end of life

### **Barriers**

- Law and practice often are not in agreement
- Current law and forms were written twenty years ago when they were the cutting edge, but practice has shown that parts of the old law are not effective at assuring that end-of-life wishes are honored
- The system defaults to providing care, even if that is contrary to the wishes of the person receiving care

### **Intervention**

- Draft new Advance Healthcare Decisionmaking Form to replace current forms
- Draft new language for Advance Healthcare Decisionmaking law that
  - Promotes thought and discussion
  - Encourages individuals to name a health care agent
  - Offers choices, not defaults
  - Requires providers to look at expressed preferences, rather than to assume the contents
  - Outlines the powers and duties of the agent within the four corners of the document
- Ask stakeholder groups to consider the new forms, laws, and principles embodied in updated statute

### **Policy**

- After obtaining the support of stakeholders and incorporating recommendations, seek revisions to the Personal Choice and Living Will Act during the 2007 Legislative Session

## **Economic Development**

### **Objectives**

- To assure that Utah's economy encourages healthy, active lifestyles of individuals as they age, and to assure that economic growth will help pay for the services that may be necessary for the frailest of those who are aging

### **Barriers**

- Belief that the aging population drains the economy, rather than contributing to it

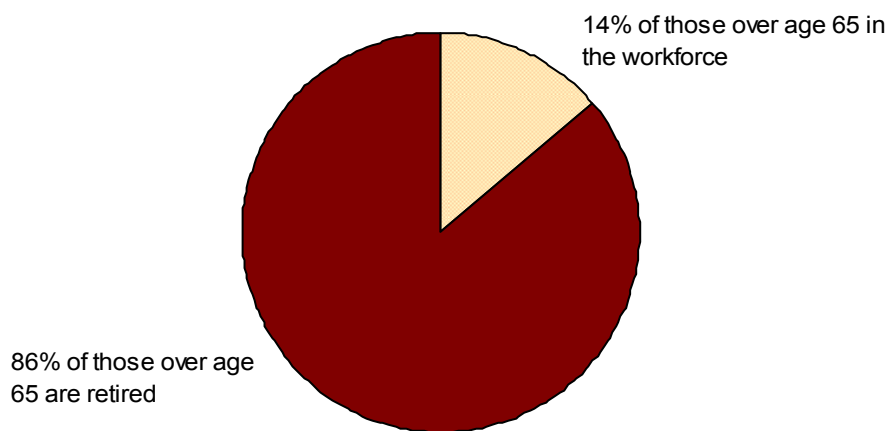
### **Interventions**

- Communicating with an expert on recruiting aging retirees to the state as a way to assure continued economic growth in the state.
- Seeking support for a summit among those with an interest in aging retirees, including state, county, and local governments, local chambers of commerce, and the hospitality industry

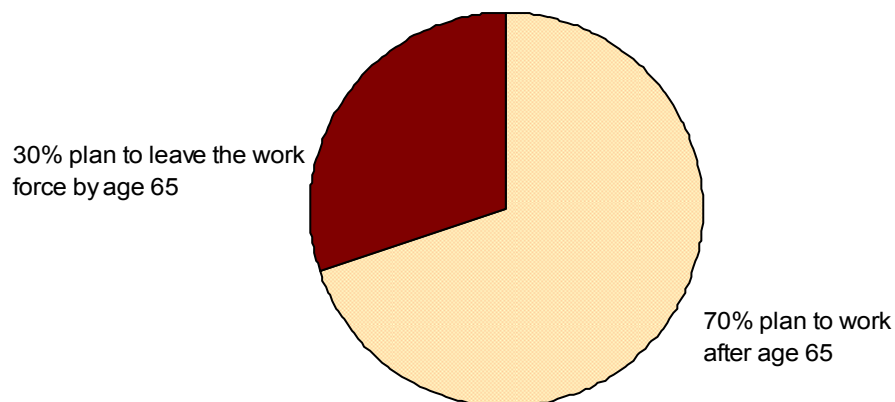
## Changing Workforce

*Utah is facing a change in the workforce. If the expectations of the baby boom generation are realized, the percentage of individuals age 65+ in the workforce will grow from 14% today to 70% among the baby boomers. See Figures 12 and 13. This shift may be necessary to make up for the shortfall in retirement income that baby boomers may be faced with. The state should consider how this change will happen, and determine if there are ways to maximize the benefits of this new source of labor, while minimizing a clash of generations that some predict.*

**Retirement Among Those 65+ in 2005**  
**Figure 12**



**Work Expectations of the Baby Boom Generation**  
**Figure 12**



Source: AARP (National Data)

Workforce

## Volunteer Structure

The Utah Commission on Aging decided early in its term to look at issues across the aging person's life, from healthcare to financial security, from public safety to prisons. With a staff of two — an Executive Director and an Assistant to the Commission — the staff and Commission members set out to meet the statutory duties as effectively as possible within the confines of the statutory authority and authorized budget.

To successfully address many issues, the Commission invited experts from the community and from state and local government to the table to help set objectives, identify barriers and gaps, and to propose concrete interventions to change the status quo. Volunteers have included professors, physicians, nurses, social workers, residential real estate developers, public relations professionals, nursing facility owners and administrators, and local government officials. While the Commission worked to assure that relevant state government agencies were represented on committees, the majority of the individuals carrying out the Commission's efforts represent the for-profit and not-for-profit private sector and educational institutions, not state government employees.

Special Committees and Work Groups were asked to focus on areas that were not being addressed by other organizations in an attempt to avoid duplication of efforts. The groups were also asked to set achievable goals, to confine the scope of their projects to the Commission's two-year term and, when possible, to begin to implement changes or projects that could serve as models or as the basis for policy recommendations.

The results have been tremendous. A web site where an aging person seeking education or job retraining can go for county-by-county listings. A financial security guide with Utah-specific information that can help individuals take control of their financial futures. Pilot projects in nursing care facilities to test the effectiveness of culture change models and efforts to improve the satisfaction of staff. Tens of thousands of dollars worth of time and resources have been poured into a care manager training pilot that could serve as a model for how to reduce the cost and improve the care of patients who suffer from multiple chronic conditions.

Results also include progress on policy recommendations, several of which are meant to help aging individuals to protect themselves from fraud or financial exploitation. Another major initiative includes an attempt to gain consensus on revisions to the state's Personal Choice and Living Will Act.

These volunteer efforts will provide the basis for models and policy recommendations in the future.

**CONCLUSION:****Where We Are: Utah supports quality aging**

- Affordable cost-of-living
- Safe communities
- Preeminent hospitals
- Recreational opportunities
- Arts, entertainment, and cultural events
- Adequate supply of long-term care and assisted living facilities

**Where We Are Going: Utah can do better to support quality aging while maximizing the benefits and minimizing the burdens to the state**

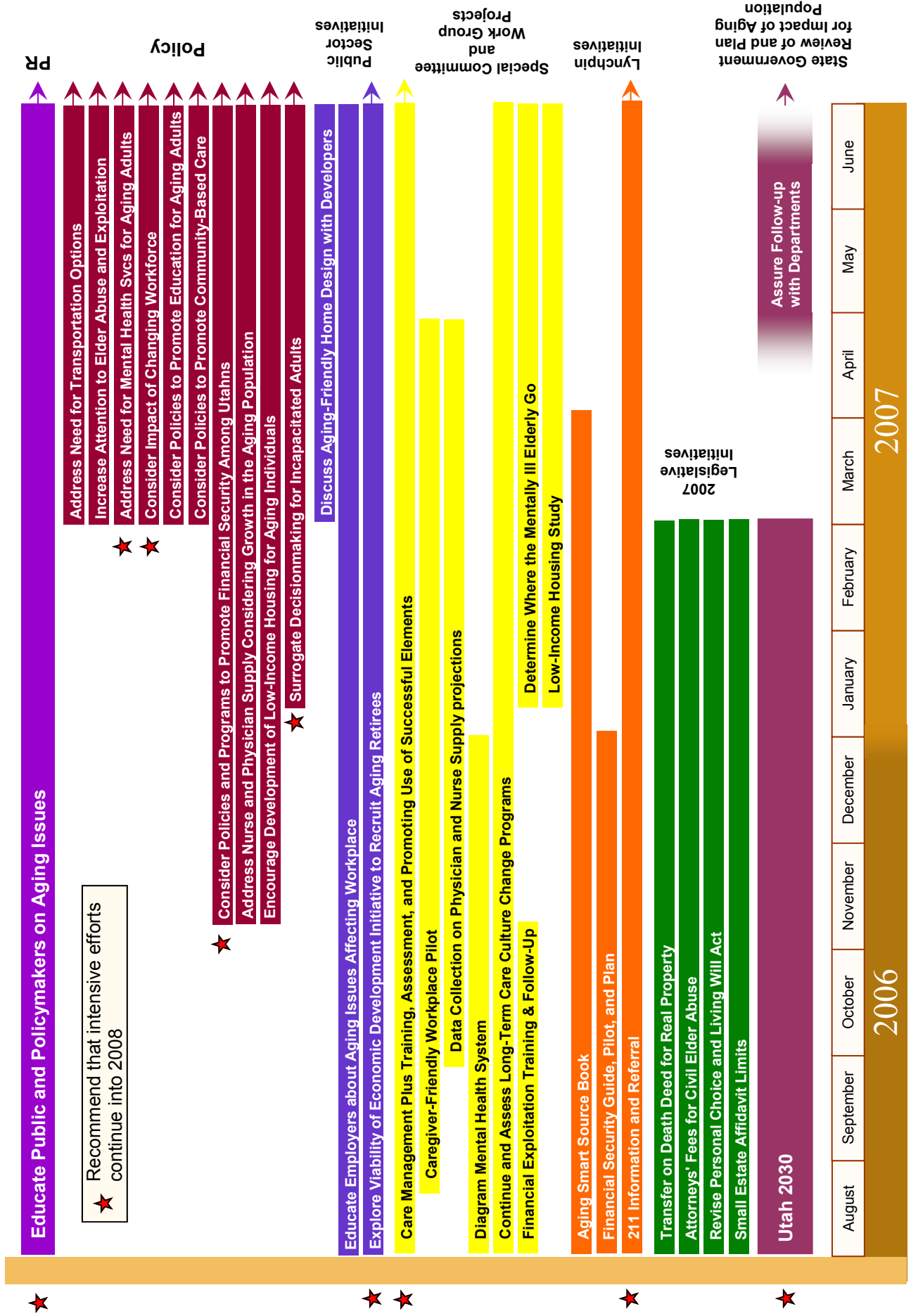
- Employment opportunities for aging individuals, including phased retirement
- A seamless transition through the continuum of care
- Community-based care options
- Qualified geriatric physicians, nurses, and other healthcare professionals trained to care for aging persons
- Affordable rental housing
- Quality information and referral
- Legal protection from financial exploitation
- Transportation system that accommodates needs of aging drivers and offers alternatives to driving
- Spectrum of options for residential care
- Air that is safe for aging individuals to breathe
- Ability to obtain supportive services from appropriate sources
- Vital, walkable cities
- Volunteer opportunities in a range of settings
- Quality mental health care
- Improved advance healthcare directives

**Utah's Baby Boomers will experience a new stage of life that happens after they phase out working and child rearing, but before they slow down and become more frail.**

**If we begin to plan now, this new stage could be characterized by good health, financial stability, and an active, engaged lifestyle.**

# 2007 Time Line

## Utah Commission on Aging



# It Takes a Community To Make a Commission

